



Sexual Harassment Office
 Earth Sciences Building ER6039
 Memorial University of Newfoundland
 St. John's, NL Canada A1C 5S7
 Tel: 709 864 8199
www.mun.ca/sexualharassment

Form # 7

Consent for Support Person to Attend Consultation

I _____, give my consent for _____
 to attend the consultation with the Sexual Harassment Office or external Investigator.

I understand that _____ will be present during the
 consultation where confidential information will be discussed. I agree that the above was
 discussed and I understand the risks associated with sharing my personal and
 confidential information with the individual present at today's consultation.

 Complainant/Respondent

 Date

.....
 I, _____, as a support person to the above individual,
 understand the importance and responsibility of maintaining strict confidentiality
 regarding the information shared during this consultation. I agree that the above was
 discussed and I understand the possible consequences of breaching that confidentiality.

 Support Person

 Date

 Sexual Harassment Office or Investigator

 Date